

Milford Ambulance Service

1 Union Square – Town Hall Milford, NH 03055



Volunteer Application

Date: ____/____/200__

Name: _____ Social Security Number: ____-____-____

Home Address: _____ Home Phone: _____

Work Phone: _____

(City) (State) (Zip Code) Pager: _____

Mailing Address: _____ Cell Phone: _____

E-mail Address: _____

Are you at least 18 years of age? Yes No

Have you been employed by the Town of Milford? No Yes If yes, when? _____

For what Department? _____ In what position? _____

What was your reason for leaving? _____

Have you ever been convicted of a crime that has not been annulled by a court? No Yes

Conviction is not an automatic bar to employment. Each case is considered on its individual merits. In the space below, give the date, location and nature of the crime. Indicate whether conviction was a misdemeanor or a felony. LACK OF EXPLANATION OR FAILURE TO COMPLETE THIS SECTION MAY BE BASIS FOR REJECTION OF YOUR APPLICATION.

- EDUCATION

Please circle the highest school grade completed: 8 9 10 11 12 College 1 2 3 4 5 6

Please circle any current EMS certifications that you hold (**photocopies required**):

National Registry of EMT – Basic/Intermediate/Paramedic; CPR-AHA; CPR-ARC

ACLS; PALS; NRP; BLS Instructor; CCT; I-Meds; NH Attendants License

Do you have a valid driver's license? No Yes (**photocopy required**) If yes, what State: _____

License type: _____ License number: _____ Expiration date: _____

If offered a position with Milford Ambulance Service, what is your availability for duty?

(MAS operates 7 days/week – 24 hours/day, members are required to provide 18 hours/week and one 36 hour weekend rotation of scheduled duty. Scheduled duty may be any combination of days and evenings.)

Days: _____ Evenings: _____

11/21/2002

- EXPERIENCE – WORK HISTORY (Please describe your experience in EMS or healthcare):

*If none, please skip to **Information Certification***

Employer: _____ **Address:** _____

Job Title: _____ **Supervisor (name/title):** _____

Dates of Employment: Month: _____ Year: _____ to Month: _____ Year: _____

Hours worked per week: _____ **May we contact:** Yes No **Phone #:** _____

Duties: Please describe your position responsibilities: _____

How many employees did you supervise? _____ Did you assign their work? _____

Reject unsatisfactory work? _____ Did you have the authority to hire/terminate? _____

Reason you left this position: _____

Employer: _____ **Address:** _____

Job Title: _____ **Supervisor (name/title):** _____

Dates of Employment: Month: _____ Year: _____ to Month: _____ Year: _____

Hours worked per week: _____ **May we contact:** Yes No **Phone #:** _____

Duties: Please describe your position responsibilities: _____

How many employees did you supervise? _____ Did you assign their work? _____

Reject unsatisfactory work? _____ Did you have the authority to hire/terminate? _____

Reason you left this position: _____

- Information Certification

Do you have the legal right to accept employment in the United States? No Yes

(If yes, proof of U.S. citizenship **must** be presented in accordance with U.S. Department of Justice, INS approved documents i.e.: US passport, drivers license, SS card. Documents **must** be original or certified copies.)

As part of the application process, applicants are required to consent to motor vehicle and criminal history background checks. Failure to authorize is grounds for rejection of the application. Further, all applicants who are conditionally offered a volunteer position are required to undergo a pre-employment physical at the Service's expense. Pre-employment physical results may result in withdrawal of offer.

I certify that there are no willful misrepresentations of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations, my application may be rejected and, should I be employed, my services may be terminated.

SIGNATURE: _____ **DATE:** _____